FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

2010 MAY 17 AK 9: 34

METHIOS AND

Reset Form

COMMITTEE NAME (Must be same as on Statement of	f Organization)		
Susan K. Llayd Co	FORM	1	
IMPORTANT: Indicate by # type of committee you are reporting (1) Statewide/Legislative/Judge Standing for Retention Candida (4) County Central Committee (5) County Candidate (6) City Subdivision Candidate (8) County PAC (9) City PAC (10) Sc 11) Local Ballot Issue	ate (2)State PAC (3)State Party Candidate (7)School Regard or Other Belitical	DR-2 (Rev. 12/2009) For Office Use Or	
CANDIDATE COMMITTEES ONLY:			
Candidate Name	Political Party (if applicable)		
Susan Kennedy Moyd	Republican		
Office Sought County Auditor to fill vac	District (if Senate or House)		
Late reports are subject to possible civil and criminal penalties candidate's committee, and the chairperson, for any other type	s. Pursuant to lowa Code sections 68B.32A(7) an e of committee, is the individual responsible for fil	d 68A.401(3), the car ing timely and accura	ndidate, for a ate reports.
Dusank Llayd	712-213-7401	5-1	4-10
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATES	IGNED
IAM FILINGA May 19, 201	REPORT FOR (1) ELECTION /(2)N	ON-ELECTION YE	AR
(report date)	Indicate by #		, u. t.
CHECK IF AMENDMENT TO REPORT DATED			
	Local	Committees, enter Da フune	
Check if this is final (termination) report and attach Not (You must continue to file reports until a DR-3 is	filed.)	y & Local Committees Election is held	, enter County in
	1	10	
STATEMENT OF CASH ON HA			
CASH ON HAND at the beginning of the reporting period. committee. This amount MUST be the same as	AND (Total of all funds held by the the cash on hand at the end		Ø
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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) Susan K. Lloyd Campaign

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
13/10	CK# 3564	Karen M. Strawn 303 E. Lakeshere Dr. Storm Lake, IA 50588	friend	\$100.00	
૦૩/૨૩/૧૦	ID# CK# へ りて つ	Rhanda Ringgenberg 827 W.St. St Starm Lake, IA SOSBB	triend	\$50.00	
osliolio	CK#	unitemized Contributions		\$ 20.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID#	·			
	ID# CK#				
	ID# CK#				
	ID# CK#				
	I		SUB-TOTAL	2000	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

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	rom	

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Susan K Lloyd Campaign

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
जीक्वीक	ID# CK#	Northwest Bank 101 W. 5th St Po Box 80 Spencer, JA 51301	Image Statement Fee + Sales tax	\$ 2.14
01/10/20	ID# CK#	Northwest Bank 101 W Sty St POBEX 80 Spencer, JA S1301	Image Statement Fee + Saler Tax	\$1 a-14
	ID# CK#	3,50,50,		
	ID# CK#			
			SUB-TOTAL	\$4.28

TUIR DAY ADDI	IEC TA	CANDID	. TPOLOG	
THIS DUA APPL	JES IU	CARUID	AIES CO	MMITTEES ONLY

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page		of		
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TOTAL (if last page of this schedule)